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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*none ccs*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none ccs*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY CANADA	SHEETS DRAWING 2	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
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Verified and Acknowledged

Examiner's Signature *[Signature]* Initials *ccs*

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 00996  
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TITLE  
 Verifying apparatus for accuracy of dental cast mounting

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